

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

## INTOX EC/IR II MAINTENANCE REPORT

# RECEIVED

By Carol Day at 12:25 pm, Nov 05, 2015

Complete this report at the time of	f the regular monthly	preventive Dy	Carol Day at	12.20 pm, 1404 00, 2010
days). Complete this report whenev				
into service. Retain the original		n 15 days to the		
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	•
12687	SPRINGFIELD POLIC	CE DEPT	10/27/2015	
LOCATION OF INSTRUMENT (STREET AND CITY	)		TIME OF INSPECTION	1
2620 W. BATTLEFIELD SPRINGFIEL		08:43 CDT		
CHECKLIST: Place a mark in the box				
established limits. (Write in obse	rved values where det	ermined). Unmark	ed items must be	corrected
before using instrument.				
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP		X FCB CHECK		
X DET TEMP		X CRC COMP CHEC	:K	
X BT TEMP		X CRC CAL CHECK	(	
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK		<u> </u>		
	- M.D.G	malar not a constitution of the constitution o		
BREATH ANALYZER ACCURACY STAND				
SIMULATOR SOLUTION			HANOL-GAS MIXTU	,
X STANDARD SUPPLIER INTOX	IMETERS I	OT# AG515307	EXP.	DATE 06/02/2017
SIMULATOR TEMP (34°C +0.2°C)	SIMULAT	OR S/N	SIMULATOR EXP	DATE
hand				
X CALIBRATION CHECK - (ONLY ON	S STANDARD IS TO BE	USED PER MAINT	ENANCE REPORT)	*** (181 \$- mmo)   mm)   0
<b>=</b> -4				% of the standard value
Run three tests using a standard must have a spread of .0	lard Solution. All	three tests mu	nding to the st	andard solution being
used. (PRINTOUT ATTACHED)	)5 Of less. Mark C	ne box correspo	nding to the st	andard sorderon being
•	DETRICENT A AGES AND	O 1059 INCLUST	VE	
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE				
0.04% STANDARD - MUST READ				
0.04% SIMNDARD - MOSI READ	DETREME 0.000 AND	0.0420 INCHODI	<b>7</b> D	
TEST 1 0.101 g/210L	TEST 2 0.101 q	/210L	TEST 3 0.10	1 g/210L
		·		
INDICATE THE NUMBER OF BREATH	ESTS IN THE FOLLOW	ING RANGES SINC	E THE DAST MAIN	IENANCE REPORT:
REFUSALS 0 004 175	.0509 0	.1014 0	.1519 0	OVER .19 0
REFUSALS 0 004 175 LIST ANY NEW PARTS AND DESCRIBE ANY ALT.	1	[		1
SATISFACTORILY AND WITHIN ESTABLISHED L			STORE THE INSTROMENT	TO OPERATE
MEETS DEPT OF HLTS STDS				
				The state of the s
INSPECTING OFFICER				
SIGNATURE	i i	PRINT FULL NAME	-	
WAR II DEDUKA WILLIAM	1	D'ANDREA, TONY		
	0/2017			
23017)		( 417 ) 864-1830		
RETURN COMPLETED REPORT TO THE:				
KETURN COMPLETED REPORT 1	<u>'</u>	(417)864-1810		
Breath Alcohol Program, Miss	O THE:	· ,	Senior Service	es,
	O THE: couri Department of	of Health and		es,



Airgas USA LLC (LAB)

12687

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 2-Jun-2015

Lot # AG515307

Exp. Date 2-Jun-2017

Cyl. Type 108 Component

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Ethanol

Balance

Nitrogen

#### Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2015.06.03 10:50:13 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

# TONY D'ANDREA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## DATAMASTER, INTOXILYZER 5000, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/10/2015	wante		
DATE STORES	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 250179	Dal Vasterly		
EXPIRES 8/10/2017			
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB4 (R6-10)

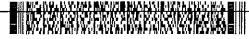


STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

### INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at



Operator 250179

Permit No

Date Issued 8/10/2015 Date Expires 8/10/2017